

Amendment No. 1 to SB0160

Johnson
Signature of Sponsor

AMEND Senate Bill No. 160*

House Bill No. 636

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following as a new section:

§ 56-7-2368.

(a) For purposes of this section, the term "hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, including services necessary to select and fit the hearing aid, but excluding batteries, cords, and other assistive listening devices such as FM systems.

(b) Every individual or group health insurance policy providing coverage on an expense incurred basis, a policy or contract issued by a hospital medical service corporation, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law, which is delivered, issued for delivery, or renewed in this state on or after January 1, 2011, shall provide coverage of up to one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3) years, for children less than eighteen (18) years of age, covered as a dependent by the policy holder.

(c) The insured may choose a hearing aid exceeding one thousand dollars (\$1,000) and pay the difference in cost above the amount of coverage required by this section. Reimbursement shall be provided according to the respective principles and policies of the insurer. The insurer may require the

policyholder to provide a prescription or show proof through other suitable documentation of the need for a hearing aid and nothing contained in this section shall preclude the insurer from conducting managed care, medical necessity, or utilization review or prevent the application of such policy provisions as deductibles, coinsurance, allowable charge limitations, coordination of benefits or provisions restricting coverage to services by licensed, certified or carrier approved providers or facilities.

(d) This section does not apply to insurance coverage providing benefits for:

- (1) Hospital confinement indemnity;
- (2) Disability income;
- (3) Accident only;
- (4) Long term care;
- (5) Medicare supplement;
- (6) Limited benefit health;
- (7) Specified diseased indemnity;
- (8) Sickness or bodily injury or death by accident, or both; and
- (9) Other limited benefit policies.

SECTION 2. This act shall take effect January 1, 2011, the public welfare requiring it and shall apply to policies or contracts issued on or after January 1, 2011.